

File

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 7 - 0 - 0 - 5

2. STATE:

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Title XIX

4. PROPOSED EFFECTIVE DATE

7/16/96

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.232

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Eligibility Under Section 1931 of the Act

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not Required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Bruce M. Bullen

14. TITLE:

Commissioner, Division of Medical Assistance

15. DATE SUBMITTED:

3/31/97

16. RETURN TO:

Bridget Landers
Coordinator, State Plan
600 Washington St., 3rd Floor
Boston, MA 02111**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 31, 1997

18. DATE APPROVED:

January 12, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 1997

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Ronald Preston

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

are as follows:

1. The AFDC resource limit in effect on July 16, 1996 was \$2500 per assistance unit.
2. The income test in effect on July 16, 1996 (and still used today by the Department of Transitional Assistance), is a two part test that gives different results for different assistance units. The first step of the test is the 185% test of financial eligibility. This requires that the assistance unit's gross income not be greater than 185% of the applicable eligibility standard. For example, the income for a family of four may not be greater than \$1235.80 to pass this first test. (Comparatively, 133% of the federal poverty level for a family of four is \$1890.00)

Next DTA looks to see whether the need standard is met. The need standard, which is based on net income, is, for all family sizes, significantly below 133% gross of the federal poverty level. For example, the greatest income a family of four can have and still meet the need standard is \$668.00 per month. (Comparatively, as mentioned above, 133% of the federal poverty level for a family of four is \$1890.00).

— The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

— The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.